



**COMMONWEALTH OF KENTUCKY
DEBT ADJUSTER AUDIT CHECKLIST**

**Office of the Attorney General
Consumer Protection Division
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
Phone: (502) 696-5389
Fax: (502) 573-8317**

***A COMPLETED CHECKLIST SHALL ACCOMPANY
THE AUDIT FILED WITH THIS OFFICE
WITH RENEWAL REGISTRATIONS***

ANNUAL AUDIT must:

- _____ Be no older than twelve (12) months prior to the date of the filing of the audit with this Office
- _____ Include an audit of the registrant's financial statements
- _____ Include an audit of the trust accounts and compliance with disbursement deadlines as required by KRS Chapter 380
- _____ Include an audit of registrant's compliance with the following requirements of KRS Chapter 380 and 40 KAR 2:350:
 - _____ Fee or contribution limits (initial set-up; consultation; service fees)
 - _____ Bad check charge limit
 - _____ Insurance requirements (limits, coverage, deductible, rating, additional party)
 - _____ Trust account(s) maintained in federally-insured financial institution
- _____ Include a certification by each auditor that he/she is an independent, third party Certified Public Accountant
- _____ Identify the state(s) in which the auditor is licensed as a Certified Public Accountant, including the license number or other identification

[TO BE COMPLETED BY CERTIFIED PUBLIC ACCOUNTANT.]

This checklist for audit of _____ completed by:

(Name of Registrant)

Name: _____ Title: _____ Date: _____

Firm: _____

Address: _____
(street) (city) (state) (zip)

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.
